THE MISSISSIPPI DOCTOR

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ON THE LAST DAY

With one more day to live, and only one,
I wonder what great task I'd work upon.
Granted full strength for those fast fleeting hours,
I wonder on what deeds I'd spend my powers.

The fancy comes that I should to see
The countless friends who have been kind to me,
And I should pause, the while I rushed along,
To beg another's pardon for some wrong.

I think I'd waste no time on selfish deeds
But only labor for my spirit's needs.
As one about to journey far away
Good-by to all I've known I'd want to say.

I'd have no vain illusions then of fame,
I'd see how cheap are things men strive to claim.
For the last day allowed on earth to me
I'd be the man I've often longed to be.

Edgar A. Guest.

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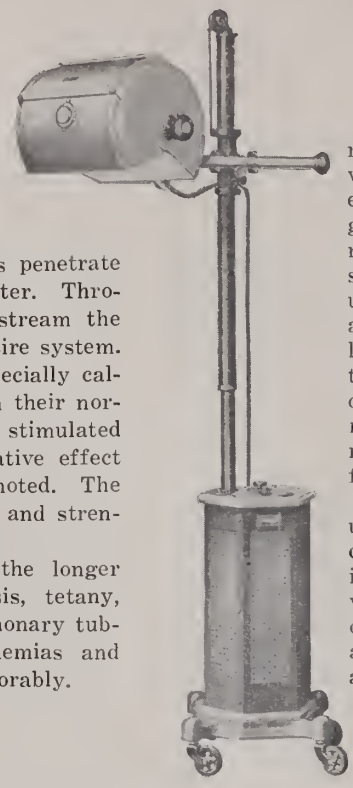

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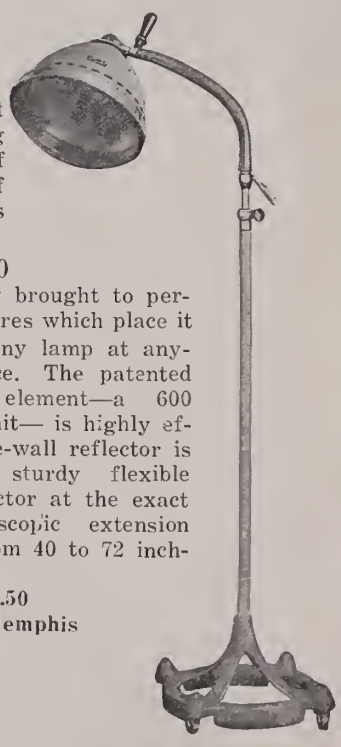

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THE MISSISSIPPI DOCTOR

OFFICIAL ORGAN OF THE EAST MISSISSIPPI THIRTEEN COUNTIES MEDICAL SOCIETY

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"Gonococcal Urethritis in the Male Practitioners" is the title of a book just off the press by P. S. Pelouze M. D. and published by W. B. Saunders Company. Dr. Pelouze is connected with the University of Pennsylvania. The time has been propitious for a book like this for some time. This book follows a plan of procedure that covers the subject in a comprehensive way, yet it is brief. He takes up the applied anatomy and treats of the the histology of urethra. He makes a study of the gonococus itself and the pathological changes in procedure, gives a logical discourse on susceptibility and immunity, discusses propholaxis and outlines a plan of treatment for both acute and chronic gonorrhea. His plan of treatment it simple and sensible and may be followed easily by the practitioner as the title of the book suggests. He gives the whys and wherefores of the complications. The plan of treatment is so explicit that it may be followed by most any body with ease. It appears to the editor that this is the most valuable book offered to the general practitioner for some time. It gives a working basis in the whys and wherefores of the problem and makes it simple and brief enough that the busy practitioner can use it. The price is reasonable. W. B. Saunders Company, Philadelphia, Pa.

We are grateful to Dr. Chaney of the Polyclinic of Memphis for a paper on "The Diagnosis of Goiter." Dr. Chaney has waded through a difficult subject, gleaned the grain, sifted bushels of chaff, ground the meal so fine that it should be easy to put it in a "Nut Shell." The farmer for ages have picked the horse with the short sleek hair, thin neck and trim legs because he had noted that he pressed the collar without the lash, little knowing the reason why and the man or the woman with soft fine glossy hair, soft warm glowing skin, and white shiny teeth properly placed, is the one who endures against disease. So with is the one who endures against disease. So with all thy getting, get a well balanced thyroid gland, if the fates can spare it.

"Climate in the Treatment of Tuberculosis" is a most splendid paper written by Dr. Strain of the Polyclinic, Memphis. It is well written, logical and conclusive. We are mighty glad to give space to this paper. The laity and even doctors need to be set right on the role climate plays in the cure of tuberculosis. The elements within the man, the will, the attitude, the diet, has a lot more to do with the cure than the "elements" without, whether the wind blows hot, cold, wet, dry, high or low. When a man gets tuberculosis he has a fight on and might as well back up and stand his ground. People have just got the habit going west to run away from their sins and tuberculosis. It is not a panacea for either.

Most beginners think cutting is only qualification for a surgeon, but to be a real one, a man needs in addition to his technical training, the hand of a Southern woman, the courage of a lion the caution of a crow, the knowledge of Webster the logic of Aristotle, the Wisdom of Solomon and the heart of the Nazerene.

THE ESSENTIAL POINTS IN THE DIAGNOSIS OF GOITER

William C. Chaney, M. D., M. S. In Medicine F. A. C. P.
The Polyclinic Memphis Tenn.

The thyroid gland weighs but 45 grms.(one and one half ounces) and if we many judge of it importance in the human economy by its blood supply, it must be one of the most important organs of the body. It is said to receive, in proportion to its weight, five and a half times as much blood as the kidneys and 34 times as much as the brain. All of the blood of the body can pass through it in one hour.

If the body is likened to a machine, then the thyroid gland is the auto-regulator of the speed at which every part of the body runs. Through its internal secretion, thyroxin, it affects every cell of the body determining the rate of functioning of every cell. So far as is known, probably the sole function of this gland is the manufacture of thyroxin and the delivery of it to the body cells. In a normal individual the thyroid gland pours into the blood stream only 1.6. mg. (about one fortieth grain) of its internal secretion per day. In the body, exclusive of the thyroid gland, there is onrmally about 14 mg. of thyroid.

If one were entirely unfamiliar with the abnormal conditions caused by the thyroid gland he could reason from what has been said that the gland might affect the body abnormally by an under-production of its internal secretion, or by an over-production or by the elaboration of an abnormal product. These conditions actually occur. An under-production is the condition of hypothyroidism and if this is carried to the point where no thyroxin at all is given off, myxoedma or cretinism is the result depending on whether a child or an adult is affected. If too much thyroxin is produced and delivered to the blood, hyperthyroidism is the result. An adenomatous or nodular goiter with hyperthyroidism is the condition in which there is too much of a normal product in the body, while an exophthalmic goiter is characterized by not only too much of a normal product, but also an abnormal product; a dysthyroidism.

As has already been stated, the speed at which the body functions is determined by the amount of thyroxin present in the tissues. Just as it is true that a furnace burns coal and gives off heat in proportion to the amount of oxygen consumed, so the speed at which the human mechanism runs is directly proportional to the amount of oxygen used. The amount of oxygen taken up by the human body over a given length of time, then, is an index to the amount of thyroxin present. The metabolism machine does nothing more than to determine the amount of oxygen consumed over a known length of time. When there is less than 14mg. of thyroxin in the body cells all of the vital processes are slowed down so that the individual is too cold rather than too hot. His skin and hair are dry. He thinks slowly, is slow to speak and slow to move. These signs and symptoms are all increased as the degree of hypothyroidism increases. When there is too much thyroxin present the human machine is speeded up in direct proportion to the excess. Such a person is too warm both subjectively and objectively. His skin is moist. He is alert and full of energy. His pulse is rapid and his blood pressure is elevated. It is readily seen, therefore, that one of the most important steps in the diagnosis of diseases of the thyroid gland is the determination of the presence or absence of hyperthyroidism.

Goiters may be classified into four groups, two in which hyperthroidism is present: exophthalmic goiter and adenomatous (nodular) goiter with hyperthyroidism, and two in which there is no hyperthroidism: diffuse colloid goiter and adenomatous goiter without hyperthroidism. Two other conditions should be considered for they produce an enlargement of the thyroid gland and are frequently confused with the various types of goiter. These are thyroiditis and malignandy of the thyroid. Both of these diseases may be distinguished from goiter because they produce a gland of stony hardness. Thyroiditis confines itself to the capsule of the gland while malignancy acts as malignancies do elsewhere and invades the surrounding tissues.

If one considers the various types of goiter further, and attempts to differentiate one from the other it is seen that associated with hyperthyroidism is a nodular type of goiter and one which produces a symmetrical enlargement of the gland. The same is true of the two types in which hyperthyroidism is not present: one type is nodular and irregular while the other is symmetrical. The diagnosis is over half made, therefore, if the presence or absence of hyperthyroidism is determined.

The clinical record of the patient should be very complete, of course, but there are three symptoms of hyperthyroidism that should be recorded with the greatest care. First, is there an increase in body warmth? This has reference to a continuous increase and not to the hot flashes so often associated with the menopause. Second, has there been a definite increase in appetite? And third, has the patient lost weight? There are practically only two conditions in which the patient loses weight in spite of an increase in appetite and these are hyperthyroidism and diabetes mellitus.

When the patient with hyperthyroidism enters the physician's office he looks warm and excited as if he had run every step of the way (the accelerated machine). His pulse is rapid and there is a definite increase in pulse pressure, like that of an early aortic regurgitation. Hyperthyroidism produces muscular weakness (weakness of excessive prolonged stimulation) and this should be tested for by having the patient step upon a low chair or upon the step of an examining table. Such a patient will invariably show some quadriceps weakness. In many cases there will be found an irregularity of the nail bed, a condition not often referred to in the literature. An elevated basal metabolism reading is very helpful of course, but is has been mentioned last because any such laboratory procedure should be used to verify a diagnosis and not to make it. Many mistakes in diagnosis have been made by relying too strongly upon the reading of a metabolism machine. A nervous excitable patient may have an elevated metabolic test, a tremor and a rapid pulse and yet

not be hyperthyroid.

When the diagnosis of hyperthyroidism has been definitely established we know that the patient either has an exophthalmic goiter or toxic adenoma. An exophthalmic goiter produces a symmetrical enlargement of the thyroid gland and bruits are to be heard over the thyroid vessels especially over the superior thyroid arteries. These should always be listened for with great care for their presence is of great diagnostic value. An exophthalmos occurs in sixty to eighty percent of these patients and when it is present of course it almost makes the diagnosis, but we should not rely too much upon this sign. It is absent in just those cases that are the most difficult to recognize. The toxic adenoma never affects the eyes and never produces bruits over the thyroid vessels. In contrast to the symmetrical thyroid the adenomatous goiter is nodular and a symmetrical. The patient with an exophthalmic goiter usually seeks medical advice one or two years before the patient with a toxic adenomatous goiter and for this reason the symptoms of the former are mostly nervous while those of the latter are principally cardiac.

If after a thorough study of the patient it has been clearly established that he is not hyperthyroid, he has either a non-toxic adenomatous goiter or a colloid goiter. Both of these conditions develop in a thyroid that has been under great stress and strain and for this reason they may be associated with a mild degree of hypothroidism. Here again there is a symmetrically enlarged gland that is readily differentiated from a nodular and a symmetrical gland. The colloid goiter may be either of a vascular or a non-vascular type. The vascular colloid goiter has loud bruits over the thyroid vessels and are very frequently mistaken for exophthalmic goiter and operated upon. This error in diagnosis would never occur if the physician would first fasten his attention to the question of the presence or absence of hyperthyroidism.

A discussion of goiter is not complete without a consideration of the differential diagnosis points between the so-called "Neuro" or neurasthenic patient and the patient with a toxic goiter. The various types of neuroses that are likely to be confused are those oftentimes classified as "cardiac neurosis," "neurocirculatory asthenia" and neurasthenia." The "neuro" has always been the frequent victim of ill-advised surgery and he is frequently mistaken for a patient with an early exophthalmic goiter. These are the patients who are frequently "cured" of their goiter by x-ray therapy. The "neuro" is always too cold rather than too warm. He tells you he is weak and displays it in his every movement. He looks fatigued and slouches in his chair when he sits down. The patient who is hyperthyroid, on the other hand, sits erect and is alert to everything going on around him. He is loathe to admit that he has any muscular weakness and oftentimes must have his weakness proven to him. When these two types of patients are carefully studied there is in reality very little similarity between them. The all important point is to establish the presence or absence of hyperthyroidism. If the "neuro" has a vascular colloid goiter which has bruits the problem is a little more difficult, but the mistake should never be made.

The goiter problem belongs to both the surgeon and the internist. If the internist makes a diagnosis of a toxic goiter and then refers the patient to a surgeon for an operation he has not done his full duty to the patient. He should study and treat the patient until he knows that he is able to stand the operation, both from the standpoint of the cardiovascular system and the degree of thyroid toxicity. Up until recent years the most skilled surgeons were having a mortality of from five to ten percent in their goiter work, but now it has been reduced to less than one-half of one percent! The use of Lugol's solution in exophthalmic goiter has of course had a profound effect in this reduction, but the greatest factor has been the teamwork between the internist and the surgeon. An exophthalmic goiter runs an irregular course that usually requires the skill of an internist to follow. If surgery is done when the course of the disease is in a phase of improvement, the patient practically always recovers while if surgery is done when the disease is in an unfavorable phase the patient is oftentimes pushed over into a goiter crisis which may end fatally.

20 South Dunlap Street.

CLIMATE IN THE TREATMENT OF TUBERCULOSIS

By S. F. Strain, M. D., B. S.
The Polyclinic Memphis Tenn.

From earliest times climate has been considered of great importance in the cause, course and treatment of pulmonary tuberculosis. References to the value of climate were made by the most ancient medical writers, and meteorological disturbances, the course and direction of winds, and other weather conditions were blamed for the cause and spread of many diseases. It is interesting to read the explanations of the spread of plague written during the great pandemic in medieval times. Malaria was supposed, at one time, to be due to bad air (Italian "Mal-aria"). Even today, when learning and scientific information are so readily spread, climate is often given credit and blame for a great deal more than it deserves, and the question "Where shall I go to recover from tuberculosis?" Is such an anxious one that for the uninformed it often takes place of the more important one "What must I do to be saved?" What is the modern conception of the value of climate in the treatment of tuberculosis?

In the days before the discovery of the tubercle bacillus, when science was tangled in a mass of unexplainable theories, traditions and superstitions, tuberculosis was thought to be a non-infectious disease. There were many opinions as to its etiology. Exposure, hereditary predisposition, sudden changes in temperature, dissipation, and the like were mentioned as causes. It was even said that mucus falling from the pituitary body into the lungs affected the latter in such a way that consumption developed. Hemoptysis was considered a cause rather than the result of tuberculosis. Certain regions were described in which a given climate prevailed where tuberculosis was widespread and the climate was blamed for the condition. Again regions of almost identical climate were noted where

tuberculosis was extremely rare. This difference was usually based on some weird hypothesis concerning the composition of the soil. Cold dampt climates were considered especially unfavorable, but when a cold, damp climate was found where no tuberculosis existed it was said "The hygrometric state of the atmosphere is only a direct and powerful cause of the insalubrity in relation to the geological nature of the soil; the vapor of water dissolves the miasms." Warm equable climates, such as found in the South Sea Islands, were supposed to be ideal for treatment. When, however, it was discovered that natives coming in contact for the first time with tuberculosis died by the hundreds from the disease, the imprudent sick man was blamed for his conditions. "He sat carelessly upon the ground with wet feet, in draughts, and exposed himself to heavy night dews." Their high death rate in this salubrious climate was said to be due to "the insufficiency of their clothing, their habitations open to all winds, the abuse of cold baths, their recklessness when ill, and above all their incredible libertinage."

Hirsch, writing in 1862-64, reviewing various authors on the subject, condemns generalizations and says that climate cannot be an essential factor, for consumption appeared in many localities which had formerly been spared without there having any change in climatic conditions. Says he, "The source of the disease is to be sought in social and not in meterorological conditions." He thought that consumption was a non-specific disease which attacked a lung already damaged by injurious atmospheric conditions provided a (very ill-defined) predisposition was present, which predisposition was in some way connected with density of population and a sedentary life.

Rochard, a French writer, after noting the poor results obtained in sending tuberculosis patients to the tropics came to he conclusion that European consumptives should not be sent there however mild and apparently inviting the climate. As he puts it, "The countries of the torrid zone are divided into two classes: in one the countries such as Senegambia, India, and Madagascar are so unhealthful that one could not think of sending patients to them; the other class countries which invite confidence by mildness of their climate are places where tuberculosis advances most rapidly."

Thus in groping about for an effective treatment for tuberculosis climate was ridden hard and with obviously disappointing results. Those who staked all on climate as a curative measure were doomed to disappointment. Since the discovery of the organism causing the disease in 1882 by Robert Koch, a country doctor in Germany, and since the methods of infection and the reaction of the human organism to this germ have been studied more thoroughly, a great many of the intricate problems which confronted our forefathers have been explained. The epidemiology of tuberculosis is on a much sounder basis and we learn that Hirsch was right in his idea that social conditions played a greater part in the cause of consumption than climatic conditions. And the same is being rapidly shown to be true with regard to treatment of the disease.

Man has been equipped with a power to adapt himself to a very wide variation of temperature, atmospheric conditions, altitudes and degrees of humidity. As a result he is found living in all sorts of climates and conditions. Change of climate, regardless of the wide variation seems to have little effect upon man after a short time of readjushing himself to the new life he must live after such a change. Tuberculosis has followed man wherever he has gone and, depending chiefly upon habits and mode of living of man, has wrought its destructive work in every known climate. Rarity of disease in certain localities can readily be explained, in light of present knowledge, on the basis of social conditions in that particular region. That less tuberculosis occurred on the uplands of Switzerland than in the valleys is because the uplands are sparsely settled, and the people are dwellers in the open, while in the valleys they are more thickly settled and opportunity for infection is greater.

While the comparatively negligible role that climate plays in the treatment has been known for years by careful students of tuberculosis, so firmly did the old ideas fix themselves in the minds of both the physicians and laymen that even now every tuberculous patient has been bombarded with advice to change climate at once. To one who is suddenly confronted with the fact that he has tuberculosis, this advice is a matter of no little anxiety. Change of climate is expensive and if a patient feels that his only hope for cure is in his change of climate, he naturally becomes despondent and hopeless if means for accomplishing this are not available. And it is very common to see a poor, unfortunate patient who has invested his all in train fare to some Western region only to find that he must live on his own resources when he gets there. Fishberg succinctly puts it "When a patient goes to a high climate, penniless and starves there, he will succumb just as quickly as he does in the slums of the city. If he works in Phoenix, Denver, etc., while the disease is active, he may breathe all the rarefied air, xpand his chest to an extreme degree, and still succumb just as quickly as in the city."

In the Journal of the American Medical Association in 1909, Watkins, of Pheonix, Arizona, in an article entitled "Ignorance or Malpractice?" protests vehemently against the practice of sending patients West when they could not maintain themselves financially and who were beyond hope of cure anywhere. Walsh, of Philadelphia, writes in 1911 in the same publication, "In my experience patients capable of recovery and possessing the proper character to make them perserve are captable under supervision of getting well anywhere."

J. B. Blackwood reports in the U. S. Naval Bulletin, Volume XXI, 1924, answers to questionnaires sent out to all the leading tuberculosis specialists of the country regarding the value of climate in the treatment of tuberculosis. The sum total of these answers was to the effect that climate alone had very lifttle value, if any. Most of them agreed that high altitudes were not advisable for cases which had a tendency to hemorrhage, those that had cavities, those with heart embarrassment, and those with nervous irritability. In the same article he quotes Dr. Walsh, of Whitehaven Sanatorium near Philadelphia, as saying "in twenty years, experience with cases treated in Philadelphia (at sea level) and those treated at Whitehaven (elevation 1500 feet) if altitude has any effect on tuberculosis I have never found it."

The real value in change of climate is psychic. One of the important things in the treatment of tuberculosis is contentment and if the patient can't be content in one

climate then a chage is indicated, whether he be sent to a high dry altitude or a low moist country. The Adirondacks with their cold damp winters and rainy summers report excellent results. So does the hot arid climate of Arizona. So do properly conducted tuberculosis sanatoria all over the world.

Rest, fresh air, wholesome food under intelligent medical supervision can be had anywhere, and whenever these used tuberculosis cases recover. This is why States, Counties, Cities and independent corcerns are establishing sanatoria all over the land. Treatment can be procured right at home, for as has been so truthfully said "at home and abroad, in desert or on the ocean, in the lowlands or upon the mountains, patients may do well, as they recover anywhere and everywhere for it matters less where than how they live."

Summing up the present day conception of the role climate plays in the treatment of tuberculosis I can do no better than to quote Dr. Louis C. Boisliniere, of St. Louis, who says, "There is no specific for the cure of tuberculosis. Climate is not a specific. Altitude is not a specific; neither is a combination of the two a specific. There is not one scintilla of conclusive scientific evidence that establishes specificity in either or both. It has not been convincingly or conclusively established scientifically or otherwise that any particular type of climate or altitude is essential or necessary for recovery from tuberculosis. The results obtained at Saranac and Trudeau in the Arirondacks, a climate characterized by many cloudy days, considerable fog, snow and rain, and intense cold compare favorably with those secured in any climate. No physician, therefor, is justified in advising a change of climate unless he knows that the patient's financial status will enable him to command the essentials. To put it categorically, if a little arbitrarily: proper medical supervision, sanatorium regime, either in a sanatorium, or in a home, reasonable contentment of mind and intelligent cooperation count ninety or ninety-five percent of effective therapeusis, climate and change of environment count five or at the utmost ten percent. Why threfore sacrifice the ninety or ninety-five per cent for the five or ten percent in those cases who cannot command the one hundred percent?"

20 South Dunlap Street.

September 1, 1928

Dr. W. H. Anderson, Editor,
The Mississippi Doctor,
Booneville, Miss.

Dear Dr. Anderson:

I always read with interest the Mississippi Doctor. More power to your facile pen.

With best wishes,

Sincerely yours,
Seale Harris.

The commendation and good will carried in the above words from Dr. Harris are very deeply appreciated. Seale Harris is one of the outstanding men in the medical profession of the entire United States. He is a student and a scholar and he has the will, the energy and the heart to apply his knowledge. Dr. Harris is very popular with The Mississippi Doctors. He helps them solve their medical problems. He is always thrice welcome at the meetings of the North East Mississippi Medical Society.

YOU ARE CORDIALLY INVITED TO ATTEND

THE REGULAR QUARTERLY MEETING

OF THE

NORTHEAST MISS. THIRTEEN COUNTY MEDICAL SOCIETY

TO BE HELD IN

HIGH SCHOOL AUDITORIUM TUPELO, MISS.

TUESDAY, SEPT. 18, 1928 1:30 P. M.

H. L. SCALES, Pres. J. M. ACKER, Jr., Sec.

The members, their wives and guests are invited and expected to attend the entertainment given by the Doctors of Tupelo, immediately after the business session.

PROGRAM

1. Invocation ..... Dr. A. J. Christian
2. Reading and Adoption of Minutes last Meeting.
3. "Maxillary Sinusitis" Dr. D. H. Hamrick, Corinth, Miss.
   Discussion opened by Drs. Withers and Pegram.
4. Report of a case of "Undulant Fever" in a Child, Dr. J. F. Eckford, Starkville, Miss.
   Discussion opened by Drs. Tedstrum and Spalding.
5. "The Mechanism of Reduction of some of the more simple Fractures" Dr. G. A. Caldwell, Shreveport, Louisiana.
   Discussion opened by Drs. Wicks and Dorsey.
6. "Urinary Obstructions" Dr. L. B. Morris, Macon, Mississippi.
   Discussion opened by Drs. Jno. Trice and Ewing.
7. "A pair of Abdominal Emergencies" Dr. W. H. Anderson, Booneville, Miss
   Discussion opened by Drs. Long and Fite.
8. "Nausea and Vomiting of Pregnancy," Dr. W. H. Eason, Tupelo, Miss.
   Discussion opened by Drs. Ellis and Hood
9. Business Session.
10. Entertainment by Tupelo Doctors.

PROGRAM INTER-STATE POST GRADUATE MEDICAL ASS'N, ATLANTA ASSEMBLY, Oct. 15-19, 1928

(Continued from July Issue Miss. Doctor.)

Dr. L. S. T. Burrell, London, Eng.—The Value of the Heavy Metals in the Treatment of Tuberculosis.

Dr. W. L. Keller, Washington, D. C.—The Treatment of Tubercular Empyema.

Dr. C. A. Hedblom, Chicago, Ill.—Phrenico-exoresis and Thoracoplasty in the Treatment of Pulmonary Tuberculoss.

Dr. J. M. Waugh, Cleveland, Ohio—The Significance of Chronic Hoareness in Adults.

Dr. L. S. Dudgeon, London, Eng.—Anaphylaxis.

Dr. Percy T. Hughes, Birmingham, Ala.—Address (Subject to be announced).

Dr. L. R. DeBuys, New Orleans, La. Rickets.

Dr. K. K. Lynch, Charleston, S. C.—The Effects of Intestinal Protozoa.

Dr. L. W. Fox, Philadelphia, Pa.—Glaucoma—Our Surgical Resources for its Relief.

Dr. W. D. Ayer, Syracuse, N. Y.—Poliomyelitis.

Sir Farquhar Buzzard, London, Eng.—Modern Diagnosis of Nervous Diseases.

Thursday, October 18th

Dr. C. A. Elliott, Chicago, Ill.—Dagnostic Clinic.

Dr. A. D. Bevan, Chicago, Ill.—Diagnostic Clinic.

Dr. W. E. Dandy, Baltimore, Md.—Diagnostic Clinic.

Dr. C. H. Frazier, Philadelphia, Pa.—Diagnostic Clinic.

Dr. F. H. Lahey, Boston, Mass.—Diagnostic Clinc.

DISEASES OF THE GALL-BLADDER AND LIVER

Dr. A. M. Snell, Rochester, Minn.—Diagnostic Clinic.

Dr. J. F. Bollman, Rochester, Minn.—Cirrhosis of the Liver.

Dr. F. H. Lahey, Boston, Mass.—Surgical Lesions of the Common and Hepatic Ducts.

Dr. F. W. Rankin, Rochester, Minn.—Cholecystectomy.

DISEASES OF THE BRAIN AND CENTRAL NERVOUS SYSTEM

Dr. C. H. Frazier, Philadelphia, Pa.—Surgical Treatment of Trigeminal Neuralgia.

Dr. H. C. Naffziger, San Francisco, Cal.—Localization of Brain Tumors.

Dr. W. E. Dandy, Baltimore, Md.—The Diagnosis and Treatment of Spinal Cord Tumors.

Dr. A. D. Bevan, Chicago, Ill.—Surgery of the Spleen.

Dr. W. W. Graves, St. Louis, Mo.—A useful Syndrome in the Clinical Recognition of the Syphilitic.

Mr. J. Howell Evans London, Eng.—Address (Subject to be announced).

Dr. C. A. Elliott, Chicago, Ill.—Deficiency Diseases.

Sir T. Oliver, New Castle-Upon-Tyne, Eng.—Industrial Diseases.

Dr. J. Witherspoon, Nashville, Tenn.—Clinical Significance of Albuminuria.

Dr. M. Roch, Geneva, Switzerland—The Influence of Alcohol in the Etiology of Intestinal Diseases.

Dr. Donald Core, Manchester, Eng.—Clinicla Aspects of certain Emotions.

Friday, October 19th

Dr. Harlow Brooks, New York, N. Y.—Diagnostic Clinic.

Dr. D. D. Lewis, Baltimore, Md.—Diagnostic Clinic.

Dr. H. A. Christian, Boston, Mass.—Diagnostic Clinic.

Dr. John Phillips, Cleveland, Ohio—Diagnostic Clinic.

Dr. E. P. Joslin, Boston, Mass.—Diagnostic Clinic.

Dr. G. W. Crile, Cleveland, Ohio—Diagnsotic Clinic.

DISEASES OF THE HEART AND CIRCULATORY SYSTEM

Dr. E. S. Smith, St. Louis, Mo.—Cardiolysis for Chronic Mediastinopericarditis.

Dr. J. B. McElroy, Memphis, Tenn.—Hypertensions—Classification of.

Dr. Harlow Brooks, New York, N. Y.—The Myocardium in the Acute Infections.

Dr. D. D. Lewis, Baltimore, Md.—Thromboangitis Obliterans.

Dr. A. D. Warthin, Ann Arbor , Mich.—Cardiovascular Syphilis.

Dr. H. A. Christian, Boston, Mass.—The Treatment of Myxedema in Relation to Circulatory Disturbances.

Dr. John Phillips, Cleveland, Ohio—Coronary Thrombosis.

Dr. G. W. Crile, Clevelnad, Ohio— Address (Subject to be announced).

Dr. E. P. Joslin, Boston, Mass.—Diabetes in Children.

Dr. W. D. Haggard, Nashville, Tenn.—How to Add Years to life and Life to Years.

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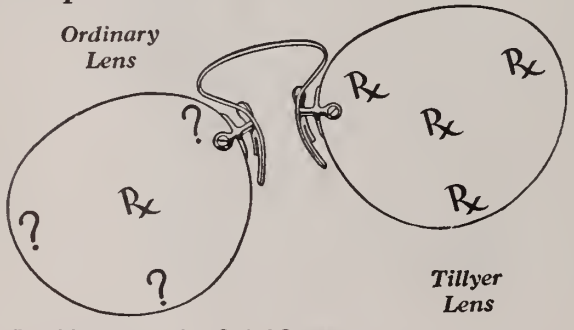

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